

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin



STATE BOARD OF PUBLIC HEALTH

HOWARD MORROW, M.D., San Francisco, President

EDWARD M. PALLETTE, M.D., Los Angeles, Vice President

GEO. H. KRESS, M.D., Los Angeles

GUSTAVE WILSON, M.D., Sacramento

WM. R. P. CLARK, M.D., San Francisco

ROY A. TERRY, M.D., Long Beach

WALTER M. DICKIE, M.D., Sacramento
Executive Officer

SAN FRANCISCO

State Office Building, McAllister and
Larkin Streets Underhill 8700

SACRAMENTO

State Office Building, 10th and L Streets
Capital 2800

LOS ANGELES

State Office Building, 217 West First
Street Madison 1271

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XVI, No. 33

September 11, 1937

GUY P. JONES
EDITOR

Typhoid Regulations Amended

The California State Board of Public Health, September 14, 1937, amended its regulations for the control of typhoid fever and paratyphoid fever so as to provide more definitely and precisely for the control of carriers. Section 7 of the regulations now reads as follows:

RULE 7. TYPHOID OR PARATYPHOID CARRIERS

Any person who has been free from symptoms of typhoid fever or paratyphoid fever for one month and whose feces or urine contain typhoid or paratyphoid bacilli, shall be considered a convalescent carrier.

Any convalescent carrier whose feces or urine continue to contain typhoid or paratyphoid bacilli after one year following clinical recovery, shall be considered a chronic carrier.

Any person whose feces or urine contain typhoid or paratyphoid bacilli but who gives no history of having had typhoid fever or paratyphoid fever shall also be considered a chronic carrier.

Any known or suspected typhoid or paratyphoid carrier shall be reported to the local health authority who shall investigate and report the findings to the State Department of Public Health.

Carriers of typhoid or paratyphoid bacilli shall be subject to a modified quarantine by the State Department of Public Health and the provision of this quarantine shall be considered as fulfilled during such period as the carrier observes the instructions issued by the State Department of Public Health and the local health authority. Such instructions shall include:

1. The carrier shall take no part in the preparation, serving or handling of milk or other food which may be consumed by persons other than his own immediate family.

2. The carrier shall not participate in the management of a dairy or other milk distributing plant, boarding house, restaurant, food store, or any place where food is prepared or served.

3. The carrier shall keep the local health authority informed at all times of any change of address or occupation.

In the event of any known or suspected carrier leaving the jurisdiction of a local health authority, the State Department of Public Health shall be notified by the local health authority of the name of the carrier and his destination.

Violation of any of the provisions of this modified quarantine shall constitute an infraction of quarantine regulations and as such be punishable under section 377a of the Penal Code.

The following instructions for health officers in controlling typhoid fever, paratyphoid A and B carriers have been appended to the regulations:

INSTRUCTIONS FOR HEALTH OFFICERS

Typhoid Fever, Paratyphoid Fever A and B Carriers

It has been estimated that from 2 to 4 per cent of all cases of typhoid fever become chronic carriers. Some carriers continue to harbor and discharge the bacilli in the feces or urine for many years and since many discharge the organisms only intermittently, they may not be discovered through single laboratory tests.

Definitions

According to the regulations of the State Board of Public Health, carriers are either convalescent carriers or chronic. A convalescent carrier is any one who has been free from symptoms of typhoid fever or paratyphoid for one month and whose feces or urine contain typhoid or paratyphoid bacilli; however any convalescent carrier whose feces or urine continue to contain the organisms after one year following clinical recovery, shall be designated a chronic carrier. Also, any person whose feces or urine contain typhoid or paratyphoid bacilli even though he gives no history of having had typhoid or paratyphoid fever shall be designated as a chronic carrier.

Investigations

The regulations for the control of typhoid and paratyphoid fevers require the local health officer to investigate each reported case of typhoid fever, to ascertain the sources of infection and to report his findings to the State Department of Public Health. In conducting such an investigation it is

advisable to require a series of three specimens of feces and urine from each suspected carrier and also to require specimens of feces and urine from each of the adult members of the household under investigation—particularly the food handlers. Feces and urine specimens should be required also from any contacts who might be considered possible sources of infection.

Laboratory Requirements

Specimens of feces and of urine should be submitted in special containers provided by the laboratory.

Whenever specimens are taken for the laboratory diagnosis of typhoid fever (and this includes specimens from suspected carriers), they shall be sent to a laboratory approved by the State Board of Public Health. Of course, a specimen may be sent to a laboratory that is not approved provided the specimen is divided and at the same time sent to a laboratory holding the approval certificate of the State Board of Public Health.

All laboratories approved by the State Board of Public Health making examinations for the identification of typhoid or paratyphoid carriers shall, in all positive cases forward to the State Bureau of Laboratories, a culture of the organism the isolation of which established the diagnosis.

Reporting

A typhoid or paratyphoid carrier shall be reported to the State Department of Public Health at once. He is a potential source of infection and is required to follow definite regulations to prevent the spread of infection to others. The restrictions imposed upon these carriers refer mainly to the handling of food. Provided they meet these requirements their activities will otherwise be unhampered. The health officer should never reveal to the public the name and address of a carrier unless the carrier refuses to comply with the regulations and thereby fails to cooperate.

Instructions

When a carrier has been discovered, the health officer or his representative is required to conduct an investigation, explaining to the carrier his condition as a carrier, issuing specific instructions and obtaining the carrier's signature on the agreement blanks, with one copy for the carrier, one for the health officer and one for the State Department of Public Health.

The specific instructions issued by the local health officer should be in writing and should cover the following points:

1. Carrier to take no part in the preparation, serving or handling of milk or other food which may be consumed by persons other than his own immediate family; and not to participate in the management of a dairy or other milk distributing plant, boarding house, restaurant, food store, or in any occupation involving the preparation or handling of food, or in any place where food is prepared or served.
2. To encourage every member of his family to be immunized against typhoid fever every three years.
3. To wash his hands thoroughly after using the toilet, with plenty of soap and hot water and also before handling food in the home.
4. To use an adequate amount of quick lime in an outdoor privy (if such must be used), keeping same in a good sanitary condition and fly proof.
5. To keep the local health officer informed at all times of his address and any change of occupation.
6. To report to the local health officer immediately any cases of illness in family or among immediate associates.
7. To discuss any problems arising concerning his carrier state with the health officer.
8. To communicate with the health officer before submitting to any type of treatment or attempted cure of the carrier condition.
9. Not to be permitted to live or work upon the premises of a dairy except with written permission of the director of the State Department of Public Health.

At least twice each year the health officer should visit each recorded carrier in his territory to check the occupation, other activities and the address. We do not recommend the col-

lection of feces and urine specimens from those persons definitely proven to be carriers.

Release of Chronic Carriers

Those persons proven to harbor typhoid or paratyphoid organisms in their urine will not be released at any time.

Those persons proven to harbor typhoid or paratyphoid organisms in the feces are not subject to release except with the written permission of the Director of the State Department of Public Health.

There is no known medical treatment for the cure of the chronic carrier condition. Removal of the gall bladder in selected cases offers a 60 to 75 per cent chance of cure in those cases proven to be gall bladder carriers. Only those considered good surgical risks should be accepted for operation. Definite instructions issued by the State Department of Public Health must be carried out to obtain the release of such a carrier.

The surgeons contemplating gall bladder removal in these selected cases should follow these rules:

1. Positive duodenal specimens should be obtained before surgery. Unless a positive duodenal specimen is obtained it is not advisable to operate as the infection may not be localized in the gall bladder. In submitting duodenal specimens the surgeon should make certain that the specimens contain bile.
2. Health officers to be notified.
3. After surgery the release of the carrier rests with the Director of the State Department of Public Health and not the surgeon.
4. After clinical recovery of the patient the following procedure shall be carried out:
 - a. Eight successive negative feces specimens taken not less than two weeks apart, must be obtained.
 - b. These specimens to be taken under the supervision of the health officer and submitted to the State Bureau of Laboratories or to such other laboratory as may be designated by the Director of the State Department of Public Health.
 - c. In addition to the 8 negative feces specimens, 3 successive negative duodenal specimens taken after clinical recovery and not less than two weeks apart, must be obtained. These specimens to be taken under the supervision of the health officer and submitted to the State Bureau of Laboratories or to such laboratory as may be designated by the Director of the State Department of Public Health.

Typhoid or Paratyphoid Carrier Agreement

Address: _____

Date: _____

Dr. W. M. Dickie, Director
State Department of Public Health
Sacramento, California

My dear Doctor Dickie:

I have been informed that my excreta contain typhoid bacilli and that unless unusual precautions are taken persons will contract typhoid fever from me. Realizing this danger I hereby agree to observe the precautions stated below, that I may be permitted to remain in free communication with other persons.

1. I shall take no part in the preparation or handling of milk or other food which will be consumed by other persons than my own immediate family. I shall not participate in the management of a dairy or other milk distributing plant, boarding house, restaurant, food store or in any occupation involving the preparation or handling of food.

2. I shall inform the local health officer of any contemplated change of residence so that he can notify the State Department of Public Health and obtain their approval.

It is understood that the California State Department of Public Health or the local health officer will not make public the fact that I am a carrier unless I in some way violate this agreement.

(Signature)

Witnesses:

(1) _____

(2) _____

THE HEALTH OF TRANSIENT AND MIGRATORY LABORERS IN CALIFORNIA

(Continued from last issue)

SUMMARY

1—It is quite impossible to obtain an actual census of the migratory laborers and their families in California, unless such census could be taken within a period of ten days. It is reasonable to estimate, however, that there are at least 80,000 of these people moving around the San Joaquin and Sacramento Valleys during the peak of the harvest season. Of this number, perhaps 5% journey into the coast counties, but at least 80% of them roam about the two great interior valleys, moving from crop to crop in their seasonal rotation. The remaining 15% make "the grand tour" into northern California, to Oregon and Washington, to harvest apples and hops; into Idaho and Nevada for the potato season and turn southward. Most of them enter the state by way of the Imperial Valley early in the year;—this is their great gateway into California.

2—The presence of this army of under-privileged workers may have a direct bearing upon the public health of California and surveys to determine the incidence of tuberculosis, malaria, hookworm and other diseases that are prevalent in their resident communities must be made, if we are to have knowledge relative to needs for the erection of proper safeguards to the health of Californians.

3—Adequate sanitation and proper housing facilities must be provided migratory laborers in California. The employers of such labor, have a certain responsibility in the provision of these essential attributes to public safety. Adequate methods of sewage disposal and the protection of both public and private water supplies are essential.

4—The program of immunization against the common communicable diseases must be continued without abatement. This constitutes an important feature in the defense of the public health.

5—Education of migratory families in the elements of hygiene and sanitation, and in nutrition particularly, is of first importance in the development of better standards of living among these people. It would seem probable that next year, at least 75,000 migratory laborers from the "dust bowl" and southern states will come into California. They constitute a transient population for the most part. Nevertheless, this state has certain responsibilities in providing for them from a public health point of view, for their own sakes, as well as for the protection of the health of Californians.

POSTGRADUATE SYMPOSIUM ON HEART DISEASE

The Heart Committee of the San Francisco County Medical Society will hold its Eighth Annual Postgraduate Symposium on Heart Disease at the University of California, Stanford University, and San Francisco Hospitals, November 17-18, 1937. The course will cover the various aspects of heart disease, including diagnosis, prognosis and treatment. Recent advances in cardiology will be reviewed and evaluated. Clinics with practical demonstrations will be held, and newer diagnostic procedures and methods of treatment will be presented and evaluated.

The registration fee is two dollars, and will entitle the registrant to membership in the California Heart Association for the year 1938. Those who are planning to attend should notify the Secretary as soon as possible. Checks should be made payable to the San Francisco Heart Committee, and mailed to the Secretary, Elbridge J. Best, M.D., 604 Mission Street, Room 802, San Francisco. The membership card, which will also serve as registration card, will then be mailed, together with a copy of the program, as soon as it is completed.

FROM THE DARK AGES

Medieval is the word that best describes the hog-feeding method of garbage disposal. For a nation that lays claim to rapid application of scientific developments and preservation of high health standards, it is strangely inconsistent to report that the noisome hog-farm is the favored means for "disposing" of community food wastes.

The method stands universally condemned because of the unsanitary manner in which such operations are conducted. There are exceptions, of course, such as the municipal piggery at Flint, Mich., but by and large the scheme is obnoxious and a public nuisance. Because garbage disposal is inevitably subordinated to hog-raising, the results are incompatible with proper disposal practice. This is especially true where private contractors handle the work, but most municipal operations too are grossly mismanaged.

Hog-feeding is not a complete method of disposal—uneaten garbage, manure and bedding aggregate in weight about one-third to one-half of the weight of raw garbage. And this residue is far more offensive than the original. In order to maintain the basic elements of sanitation, therefore, the piggery must be provided with adequate facilities for efficient secondary disposal. Thus the problem goes back to where it started.

Another argument against the method is the knowledge that the spread of human trichinosis is in part traceable to garbage-fed swine. This disease, often fatal, is transmitted by improperly cooked pork containing the parasitic worm trichina; it is stated on reliable authority that probably one person in 10 is infected. Dr. M. C. Hall, zoology chief of the Public Health Service, indicts customary garbage feeding as "dangerous to the health of man and livestock", and he reports that centers of high trichinosis incidence are related to places where garbage-fed hogs are eaten.

Evidence of this kind, coupled with the many admitted weaknesses of the scheme, lends support to the desirability or, better, the necessity of revising municipal waste disposal practices in accordance with present-day technical developments.—*Engineering News-Record*.

MORBIDITY

Complete Reports for Following Diseases for Week Ending September 4, 1937

Chickenpox

42 cases: Alameda County 1, Berkeley 5, Oakland 6, Crescent City 1, Humboldt County 1, Bakersfield 3, Los Angeles County 3, Glendale 1, Los Angeles County 5, Pasadena 1, Madera 1, Merced County 1, San Diego 4, San Francisco 6, Santa Barbara 2, Ventura County 1.

Diphtheria

15 cases: Hayward 1, Alhambra 1, Culver City 1, Los Angeles 1, San Fernando 1, Sacramento 1, San Bernardino 1, San Diego County 2, San Diego 1, Sutter County 3, Ventura County 1, Fillmore 1.

German Measles

14 cases: Berkeley 1, Chico 1, Los Angeles 2, Pasadena 1, Merced 1, San Diego County 1, San Diego 1, San Francisco 1, Lodi 2, San Mateo County 1, San Jose 1, Davis 1.

Influenza

14 cases: Bakersfield 2, Los Angeles County 1, Los Angeles 4, Placer County 1, San Francisco 3, Santa Barbara County 3.

Malaria

One case: Sacramento.

Measles

20 cases: Berkeley 1, Placerville 1, Glendale 1, Huntington Park 1, Los Angeles 5, San Bernardino 1, San Diego County 3, San Diego 2, San Francisco 2, Stockton 1, San Luis Obispo 1, Burlingame 1.

Mumps

106 cases: Berkeley 5, Oakland 6, Los Angeles County 4, Alhambra 1, Compton 1, Culver City 1, Long Beach 1, Los Angeles 19, Pasadena 4, Santa Monica 1, Madera 1, Mendocino County 1, King City 4, Calistoga 1, Orange County 1, Fullerton 2, Placentia 1, Riverside County 2, Sacramento 4, San Diego County 5, San Diego 13, San Francisco 15, San Joaquin County 3, San Luis Obispo County 1, San Mateo 1, Palo Alto 2, San Jose 1, Turlock 1, Tuolumne County 1, Ventura County 1, Fillmore 1, Ventura 1.

Pneumonia (Lobar)

33 cases: Los Angeles County 2, Azusa 1, Los Angeles 12, Pasadena 1, Sacramento 2, San Bernardino County 2, San Bernardino 1, San Diego 1, San Francisco 5, San Joaquin County 2, Stockton 1, San Luis Obispo County 1, Stanislaus County 2.

Scarlet Fever

61 cases: Alameda County 1, Alameda 1, Hayward 1, Oakland 1, Butte County 1, Chico 2, Colusa County 1, Contra Costa County 1, Richmond 1, El Dorado County 1, Fresno County 1, Kern County 2, Bakersfield 1, Corcoran 2, Los Angeles County 14, Los Angeles 6, Montebello 2, Pomona 2, South Gate 1, Pacific Grove 1, Napa 1, Lincoln 1, Sacramento 1, Ontario 1, San Diego 1, San Francisco 2, Stockton 1, Arroyo Grande 1, Lompoc 1, Palo Alto 1, Santa Clara 1, Sunnyvale 1, Stanislaus County 1, Turlock 1, Santa Paula 1, Ventura 1, California 1.*

Smallpox

One case: Los Angeles 1.

Typhoid Fever

17 cases: Butte County 1, Fresno County 3, La Verne 1, Los Angeles 1, Merced County 1, Riverside 1, Sacramento 1, San Joaquin County 1, Stanislaus County 2, Modesto 1, Sutter County 1, California 3.*

Whooping Cough

255 cases: Berkeley 5, Oakland 5, Fresno 1, Bishop 3, Kern County 3, Los Angeles County 29, Claremont 1, Compton 1, Glendale 2, Long Beach 2, Los Angeles 47, Pasadena 6, Redondo Beach 1, San Fernando 2, Santa Monica 1, Merced County 1, Orange County 9, Santa Ana 3, Laguna Beach 1, Plumas County 1, Riverside County 6, Sacramento 8, Ontario 1, San Diego County 3, Escondido 2, National City 1, San Diego 9, San Francisco 39, San Joaquin County 21, Manteca 1, Stockton 5, San Mateo County 1, San Mateo 1, Santa Barbara County 4, Lompoc 1, Santa Barbara 2, Palo Alto 2, Santa Cruz County 2, Stanislaus County 1, Modesto 1, Ventura County 6, Fillmore 1, Santa Paula 1, Yolo County 2, Winters 2, Woodland 3, Marysville 3, California 2.*

Meningitis (Epidemic)

3 cases: Colusa 1, Kern County 1, Los Angeles 1.

Dysentery (Amoebic)

5 cases: Long Beach 1, Ontario 1, San Bernardino 1, San Francisco 1, Tracy 1.

Dysentery (Bacillary)

15 cases: Los Angeles County 4, Los Angeles 6, Monrovia 1, Burlingame 1, San Mateo 2, Santa Rosa 1.

Pellagra

2 cases: Alameda 1, Los Angeles County 1.

Poliomyelitis

40 cases: Alameda County 1, Kern County 4, Los Angeles County 6, Los Angeles 13, Monrovia 1, Pasadena 1, Sacramento County 1, San Bernardino 1, San Diego 3, San Joaquin County 1, Stockton 1, Stanislaus County 1, Ceres 1, Merced County 1, Livingston 1, Sutter County 1, Yolo County 1, California 1.*

Tetanus

One case: Huntington Park.

Trachoma

One case: San Joaquin County.

Encephalitis

8 cases: Berkeley 1, Merced County 1, Fresno County 3, Fresno 1, San Francisco 1, Yolo County 1.

Paratyphoid Fever

One case: Orange.

Plague (Bubonic)

One case: Fresno County.

Typhus Fever

One case: Los Angeles.

Jaundice (Epidemic)

One case: Placerville.

Food Poisoning

18 cases: Oakland 1, Huntington Park 3, Los Angeles 14.

Undulant Fever

5 cases: La Verne 1, Montebello 1, Santa Ana 1, San Bernardino 1, Hillsborough 1.

Actinomycosis

One case: Sacramento County.

Septic Sore Throat

One case: Los Angeles County.

Relapsing Fever

2 cases: El Dorado County 1, Placer County 1.

Rabies (Animal)

27 cases: Berkeley 1, Los Angeles County 5, Culver City 1, Inglewood 1, Los Angeles City 12, Pasadena 1, Santa Monica 2, Santa Cruz County 1, Oakdale 2, Fillmore 1.

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.